

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045293

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11922

STATE FILE NUMBER

FILED DEC 12 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **St. Louis, Mo.**

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **St. Louis city Hosp. #1**

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY

c. CITY OR TOWN **St. Louis**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**3400 S. Grand Ave.**

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First **Katherine**

Middle

Last **Camidge**

4. DATE OF DEATH

Month **11** Day **30** Year **63**

## 5. SEX

**Female**

## 6. COLOR OR RACE

**White**

## 7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

**3/24/1883**

## 9. AGE (last birthday)

**80**

## IF UNDER 1 YEAR

Months **8** Days **6**

## IF UNDER 24 HR

Hours **8** Min. **6**

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Housewife**

## 10b. KIND OF BUSINESS OR INDUSTRY

**Retired**

## 11. BIRTHPLACE (City and state or country)

**St. Louis Mo.**

## 12. CITIZEN OF WHAT COUNTRY

**U. S. A.**

## 13a. FATHER'S NAME

**George Carten**

## 13b. MOTHER'S MAIDEN NAME

**Mary Murphy**

## 14. NAME OF HUSBAND OR WIFE

**George Camidge**

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
**No**

## 16. SOCIAL SECURITY NO.

**[REDACTED]**

## 17. INFORMANT

**Sr. Emelie, L.S.O.P. 3400 S. Grand Ave.**

## 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

### IMMEDIATE CAUSE (a)

**UREMIA**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

### DUE TO (b)

### DUE TO (c)

**600.0**

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour **6:40** a.m. **p.m.**

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from **11-27-63** to **11-30-63** and last saw her alive on **11-30-63**  
Death occurred at **6:40 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

**Donald K. Bach, M.D.**

## 22b. ADDRESS

**1515 Lafayette Ave**

## 22c. DATE SIGNED

**11-30-63**

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

## 23b. DATE

**12/4/63**

## 23c. NAME OF CEMETERY OR CREMATORY

**SS. Peter & Paul Cemetery St. Louis Mo.**

## 23d. LOCATION (City, town, or county)

## (State)

## 24. FUNERAL DIRECTOR

**Gebken Sons**

## ADDRESS

**2630 Gravois Ave.**

## 25. DATE RECD. BY LOCAL REG.

**DEC 3 1963**

## 26. REGISTRAR'S SIGNATURE

**Donald Smith, M.D.**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

Original "a" due to type writer ribbon

BACK  
USE BLACK INK  
OR  
TYPEWRITER RIBBON

805210-270

8001

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Robert J. Gebken*

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.